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| Form PTC  | -1449                          | Docket Number:       |                                     | Applies  | tion Number:   |  | rage 1 of 1                                      |  |
|---|--------------------------------|----------------------|-------------------------------------|--|----------------|--|--|--|
|   |                                |                      | 15912/09031 Unknown 10/6/7, 69      |  |                |  |  | 1617,099   |
| INFORMATION DISCLOSURE CITATION IN AN APPLICATION   |                                |                      | First Named Applicant:  Bob McGuire |  |                |  |  |  |
|   |                                |                      | Filing Date: Group Art Unit:        |  |                |  |  |  |
| (Use several sheets if necessary)   |                                |                      | Filed Herewith                      |  | Unknown 3/72   |  |  |  |
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| RXAMINER<br>INITIAL   | U.S. PATENT<br>DOCUMENT NUMBER | ISSUE/PILING<br>DATE | NAME OF<br>PATENTEE/APPI            |  | CLASS          | SUBCLASS   | FILE   | G DATE   |
|   | 3,343,603                      | 09/1967              | Miller                              | ACAIN1   | CLASS -        |  | IF APP.  | ROPRIATE   |
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|   |                                |                      |                                     |  |                |  | †  |  |
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|   |                                |                      |                                     | <del> </del>                                     |                |  | <del> -</del>                                    |  |
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| EXAMINER: DATE CONSIDERED:  |                                |                      |                                     |  |                |  |  |  |
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| EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the applicant. |                                |                      |                                     |  |                |  |  |  |